



**Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
VSCSecurity@va.gov**

VSC PERSONNEL SECURITY SERVICES OVERVIEW

The VHA Service Center Personnel Security offers a comprehensive service which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion. Communication is maintained between the VSC, the contracting officer, the COTR and the contracting company point-of-contact at all times during the process.

This service includes the below:

- ☞ Fingerprint submission and adjudication:
 - This involves ensuring that contractors submit fingerprints for background screening and adjudication of fingerprint/background screening results. After the results are confirmed or adjudicated, the National Criminal History Check (NCHC) Form would be sent to all contacts via email.
- ☞ Existing investigations:
 - Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through the OPM Portal.
- ☞ New investigations:
 - Upon receipt of the Contract Security Services Request, our office will obtain and submit all required documents to request an investigation through Little Rock Special Investigations Center (SIC) and monitor the progress through completion.
- ☞ PIV Badges:
 - Our office can also manage and sponsor the PIV badges as required, as soon as the investigations are released from Little Rock SIC and scheduled by OPM.

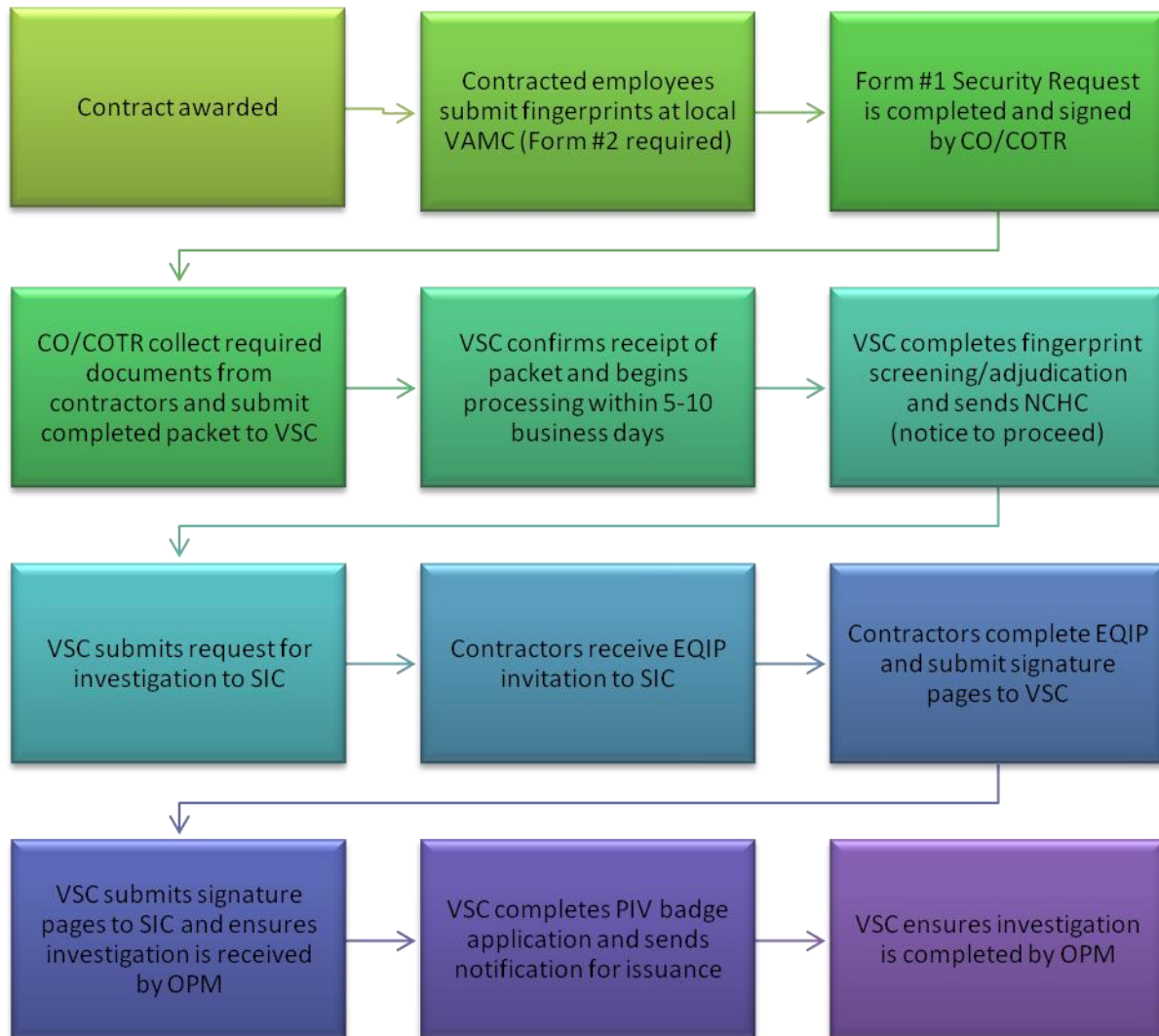
To begin the process, please follow the below guidelines:

1. Upon notification of contract award, make appointments for fingerprinting. Ensure contractors bring Form #1 Fingerprint Request Form and photo ID to their appointment.
2. Contracting officers, COR/COTRs complete and sign Form #1 in its entirety. All information is required. The packet will be rejected if this form is not complete.
3. Have employees complete all required documentation based on their risk level.
4. Submit complete packet to VSCSecurity@va.gov or fax: 216-447-8025. Subject line for email or fax cover sheet should be formatted as shown below. Incomplete packets will be rejected and returned. Complete requests will be assigned to a team member within 5-7 business days:
 - a. **New Request Packet** - Contracted Company VA000-00000
 - b. **Addition to Existing Request** - Contracted Company VA000-00000
 - i. If there is a contact person in our office that is dealing with this specific task order, please put their name in the subject line as well.
 - c. **Status Request** – Contracted Company VA000-00000 submitted on 00/00/0000
5. Do not submit new requests and additions more than once as this will result in duplicate assignments and wasted time. If you have not received a response to your request within 5-7 business days, send a status request to the mailbox.



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VSC Security Request Process





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CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONAL FORM 1A

Purpose: The Contract Security Services Request is submitted to VSC to initiate the contract security verification process. By submitting this form, our office will ensure that each individual listed have been fingerprinted, the fingerprints are adjudicated if necessary, background investigations are initiated or existing background investigations are current and PIV badges are managed and sponsored. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

- (A) Contracting Officer & Phone:** Please provide the post-award contracting officer handling this contract and their phone number.
- (B) COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- (C) Contract End Date:** Please list the date in which the contract ends including all options to extend (for PIV badge expiration).
- (D) SAO Region:** Please list the Service Area Office in which the contracting officer is associated with (East, West or Central).
- (E) Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate on any future requests by listing the old task order number in parenthesis next to the new task number.
- (F) Contractor Position Description:** Please provide a position title for all individuals (ex: physician, consultant, electrician).
- (G) Investigation Level:** Please indicate the background security requirements as provided by the PDAT (Position Description Automated Tool). This would include background screening (SAC), low-level investigation (NACI), moderate-level investigation (MBI) and high-level investigation (BI). Please note that non-PIV badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require at minimum a NACI.
- (H) Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- (I) Contractor Address:** Please provide the contracting company address. This information is required for the Little Rock SIC investigation request.
- (J) Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- (K) Contractor POC Email:** Please provide the email address for the above mentioned point-of-contact. This email will be included in the investigation request submitted to Little Rock SIC.
- (L) Contracting Officer Signature:** All requests must be signed by the contracting officer/specialist. This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.
- (M) Direct Patient Care:** Please indicate whether the individuals will be providing direct patient care.
- (N) Network Access:** Please indicate whether the individuals will be obtaining network access.
- (O) Employee Name:** Please provide the full legal name of the individuals working on this task order.
- (P) SSN:** Please provide complete social security numbers for all individuals listed.
- (Q) Email Address:** Please provide a valid email address for all individuals.
- (R) DOB:** Please provide date of birth for all individuals listed.
- (S) Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.



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CONTRACT SECURITY SERVICES REQUEST FORM #1A

(Please see Instructional Form 1a for assistance in completing this form)

☐ New Request

☐ Addition

CONTRACTOR INFORMATION

Ⓐ Contracting Officer Name & Phone:	_____
Ⓑ COTR Name & Phone:	_____
Ⓒ Contract End Date (Including Options):	_____
Ⓓ SAO Region (East/West/Central):	_____
Ⓔ Purchase/Task Order Number:	_____
Ⓕ Contractor Position Description:	_____ Ⓜ Direct Patient Care (Y/N):
Ⓖ Investigation Level (SAC/Low/Med/High):	_____ Ⓝ Network Access (Y/N):
Ⓗ Contract Company Name (Subcontractor):	_____
Ⓘ Contract Company Address:	_____
Ⓙ Contractor POC Name & Phone:	_____
Ⓚ Contractor POC Email:	_____
Ⓛ Contracting Officer Signature:	_____

*****This signature verifies that an official contract is in place prior to processing the applicants for badging*****

CONTRACTOR EMPLOYEE INFORMATION

⓪	Ⓟ	Ⓠ	Ⓡ	Ⓢ
Employee Name (Full Legal Name)	SSN	Email Address	D.O.B.	Place of Birth (City, State/Country)

***Please use Supplemental Form 1b for additional individuals**

Revised Form March 2012



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CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual requiring fingerprints.
- Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.
- Ⓒ **Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to



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CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

**** This form must be taken to the fingerprinting appointment ****

EMPLOYEE INFORMATION (PLEASE PRINT)

- Ⓐ Full Legal Name (First Middle Last): _____
- Ⓑ SSN Last Four: _____
- Ⓒ Contractor (Yes/No): _____

FACILITY INFORMATION

- Ⓓ VAMC Name & Location: _____
- Ⓔ Station Number: _____
- Ⓕ Date Fingerprinted: _____
- Ⓖ Method of Fingerprinting: Electronically / Manually
- Ⓗ Date Card Mailed to OPM*: _____

After fingerprints are captured, fax or email this completed document to:

VHA Service Center (VSC)
VSCSecurity@va.gov
Fax# 216-447-8025

***If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below with this form and the subjects full legal name, date of birth and place of birth:**

OPM Rapid Response Team
OPM-FIPC
1137 Branchton Rd
Boyers, PA 16020



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PIV SPONSORSHIP INSTRUCTIONAL FORM 3A

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.
- Ⓑ **Date of Birth:** Please provide the date of birth of the individual.
- Ⓒ **Social Security Number:** Please provide the social security number of the individual.
- Ⓓ **Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.
- Ⓔ **Assigned Duty Station:** Please provide the name of the individual's assigned duty station.
- Ⓕ **Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.
- Ⓖ **VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.
- Ⓗ **Gender:** Please provide gender of individual.
- Ⓘ **Race:** Please provide race of individual.
- Ⓝ **Height:** Please provide height of individual.
- Ⓚ **Weight:** Please provide weight of individual.
- Ⓛ **Eye Color:** Please provide eye color of individual.
- Ⓜ **Hair Color:** Please provide hair color of individual.
- Ⓝ **Place of Birth:** Please provide city, state and country of individual's place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- Ⓞ **Position Title:** Please provide position title of individual.
- Ⓟ **Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.
- Ⓠ **Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.



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VHA SERVICE CENTER PIV SPONSORSHIP FORM #3

(Please see Instruction Form #3a for assistance in completing this form)

CONTRACTOR / EMPLOYEE INFORMATION

Ⓐ Full Legal Name (First Middle Last):	_____
Ⓑ Date of Birth (MM/DD/YYYY):	_____
Ⓒ Social Security Number:	_____
Ⓓ Citizenship:	_____ (US Citizen, Naturalized, Non-Citizen)
Ⓔ Assigned Duty Station:	_____
Ⓕ Address of Assigned Duty Station:	_____
Ⓖ VA.GOV Email Address:	_____
Ⓗ Gender:	_____
Ⓘ Race:	_____
Ⓢ Height:	_____
Ⓚ Weight:	_____
Ⓛ Eye Color:	_____
Ⓜ Hair Color:	_____
Ⓝ Place of Birth (City, State, Country):	_____
Ⓞ Position Title:	_____
Ⓟ Contractor Company Name:	_____
Ⓠ Company Address:	_____ _____ _____



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**SECURITY VERIFICATION CONTINUATION
INSTRUCTIONAL FORM 1B**

- Ⓐ **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- Ⓑ **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- Ⓒ **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- Ⓓ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- Ⓔ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- Ⓕ **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- Ⓖ **SSN:** Please provide complete social security numbers for all individuals listed.
- Ⓗ **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- Ⓘ **DOB:** Please provide date of birth for all individuals listed.
- Ⓙ **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.



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CONTRACT SECURITY VERIFICATION REQUEST SUPPLEMENTAL FORM #1B

(This form is used only when extra space is needed for large rosters.)

(Please reference Instructional Form #1b for assistance in completing this form)

Ⓐ Contracting Officer Name & Phone:

Ⓑ COTR Name & Phone:

Ⓒ Task Order Number:

Ⓓ Contract Company Name (Subcontractor):

Ⓔ Contractor POC Name & Phone:

Ⓕ Employee Name (Full Legal Name)	Ⓖ SSN	Ⓗ Email Address	Ⓘ D.O.B.	⓵ Place of Birth (City, State/Country)